

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
	A. Each individual covered under the plan meets the following conditions:
Part 436, Subpart G	1. Is financially eligible to receive services.
Part 436, Subpart F	2. Meets the non-financial eligibility conditions.
	a. (i) Except as specified under items A.2.a.(ii) and (iii) below, for categorically needy individuals, meets the non-financial eligibility conditions of the related cash assistance program.
1902(l) of the Act, P.L. 99-509 (Section 9401)	(ii) For pregnant women and infants or children with incomes up to the Federal nonfarm poverty line covered under section 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act, P.L. 99-509 (Section 9402)	(iii) For aged and disabled individuals with incomes up to the Federal nonfarm poverty line covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 436.
1905(p) of the Act, P.L. 99-509 (Section 9403)	c. For qualified Medicare beneficiaries with incomes up to the Federal nonfarm poverty line covered under section 1902(a)(10)(E) of the Act, meets the non-financial criteria of section 1905(p) of the Act.

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Citation	Condition or Requirement
436.402	3. Is residing in the United States and U.S. Territory of Guam -- a. Is a citizen;
<i>PL 104-193, PRWORA of 1996</i>	b. <i>Is a qualified alien, as defined in section 431 (b) of PL 104-193, whose coverage is mandatory under sections 402 and 403 of PL 104-193, including those who entered the US/Territories prior to August 22, 1996, and those who entered on or after August 22, 1996.</i> <input checked="" type="checkbox"/> <i>Is a qualified alien, as defined in section 431(b) of PL 104-193, whose coverage is optional under sections 402 and 403 of PL 104-193, including those who entered the US/Territories prior to August 22, 1996, and those who entered on or after August 22, 1996.</i>
<i>PL 104-193, PRWORA, Sec. 402</i>	c. <i>Is an alien who is not a qualified alien, as defined in section 431(b) of PL 104-193, or who is a qualified alien but is not eligible under the provisions of (b) above. (Coverage is restricted to emergency services).</i>
<i>PL 104-193, PRWORA, Sec. 402</i>	d. <i>Is an alien admitted to the US/Territories on or after August 22, 1996 who has met the five (5) year barring period requirement and meets the "qualified alien" criteria.</i>
436.403 and 1902(b) of the Act, it at P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains a fixed address. _____ State has interstate residency agreement with the following States: _____ State has open agreement (s) _____ Not applicable; no residency requirement.
436.1004	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

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	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
	— Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 436.604 1912 of the Act, P.L. 99-272 (Section 9503)	6. Is required, as a condition of eligibility, to assign rights to medical support and to payment for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.
	— Assignment of rights is automatic because of State law.
436.901 and 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).
	B. Post-Eligibility Treatment of Institutionalized Individuals
436.832	The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care: 1. Personal Needs Allowance. \$ _____ 2. For maintenance of the non-institutionalized spouse only. \$ _____ 3. For non-institutionalized families and children, each family member. \$ _____

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4. Amounts for incurred medical expenses not subject to payment by a third party.
- a. Health insurance premiums, deductibles and coinsurance charges.
 - b. Necessary medical or remedial care not covered under the Medicaid plan. (Reasonable limits on amounts are described in Supplement 2 to ATTACHMENT 2.6-A.)
5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.

___ Yes. Amount for maintenance of home \$ _____

___ No.

1902(1) of the
Act, P.L. 99-643
(Sec. 3(b))

6. Benefits paid under AB, APTD, or AABD to blind or disabled individuals during the initial 2 months in which the individuals receive care in a hospital, SNF, or ICF if the individuals are allowed to retain the benefits under agreement with the facility.

C. Financial Eligibility - Categorically and Medically Needy

1. Categorically Needy Income Levels

- a. For categorically needy groups other than those specified in item C.1.b. below, the financial eligibility income levels for the related cash assistance programs are applied.
- b. Supplement 1 to ATTACHMENT 2.6 specifies the income eligibility levels for the following groups of individuals with incomes up to the Federal nonfarm income poverty line:

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1902(l) of the Act, P.L. 99-509 (Section 9401)	(i) Optional categorically needy groups of pregnant women and infants or children covered under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act;
1902(m) of the Act, P.L. 99-509 (Section 9402)	(ii) Optional categorically needy groups of aged and disabled individuals covered under the provisions of section 1902(a)(10)(A)(ii)(X) of the Act; and
1905(p) of the Act, P.L. 99-509 (Section 9403)	(iii) Optional groups of qualified Medicare beneficiaries under the provisions of section 1905(p) of the Act.
1902(a)(10) and 1902(a)(17) of the Act, P.L. 97-248 (Section 137)	2. Income and Resource Disregards a. Except as provided in items C.2.b. and C.2.c. below, in determining the individuals' countable income and resources, the agency disregards the amounts of income and the value of resources that would be exempt in determining eligibility for the related cash assistance program.
1902(l)(3)(E) of the Act, P.L. 99-509 (Section 9401(b))	b. For pregnant women and infants or children covered under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act -- (i) In determining countable income, the disregards and exemptions in the State's approval AFDC plan or approved title IV-E plan are applied, as appropriate.
1902(e)(6) of the Act, P.L. 99-509 (Section 9401(d))	— (ii) The agency continues to treat women eligible under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act as eligible, without regard to any changes in income of the family of which she is a member, until the end of the 60-day period beginning on the last day of her pregnancy.

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	(iii) In determining countable resources, the following resource disregards and exemptions are applied: <ul style="list-style-type: none">— Not applicable. No resource standard is applied.— For pregnant women, the disregards and exemptions of the AB, APTD, or AABD programs are applied.— For infants and children, the disregards and exemptions in the State's approved AFDC plan, or the following disregards and exemptions, which are no more restrictive than those in the State's approved AFDC plan, are applied:
1902(m) and 1905(p) of the Act, P.L. 99-509 (Sections 9402 and 9403)	c. For optional categorically needy groups of aged and disabled individuals covered under the provisions of section 1902(a)(10)(A)(ii)(X) of the Act and for optional groups of qualified Medicare beneficiaries covered under the provisions of section 1902(a)(10)(E) of the Act, in determining countable income and resources, the agency disregards the amounts of income and the value of resources that would be exempt in determining eligibility for OAA, AABD, and APTD.
1902(k) of the Act, P.L. 99-272 (Section 9506) and P.L. 99-509 (Section 9435(c))	3. Medicaid Qualifying Trusts. In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to

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	<p>the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p>— The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 4 to <u>ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a)(10)(C) of the Act, P.L. 97-248 (Section 137)	<p>4. Medically Needy Income Levels</p> <p>a. Medically needy income levels (MNILs) are based on family size.</p> <p>b. The MNIL does not diminish by family size.</p> <p>c. The MNIL at least equals the amount of the highest income standards used on or after January 1, 1966, to determine eligibility under the cash assistance programs related to the States covered medically needy groups or groups of individuals.</p> <p>Supplement 1 to <u>ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups.</p>
436.831	<p>5. Handling of Excess Income - Spend-down for Medically Needy</p> <p>a. Income in excess of the MNIL is considered available for payment of medical care and services. The Medicaid agency measures available income for a period of ___ month(s) (not to exceed six months) to determine the</p>

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	amount of excess countable income applicable to the cost of medical care and services.
	b. If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
	(i) Health insurance premiums, deductibles and co-insurance charges.
	(ii) Expenses for necessary medical and remedial care not included in the plan.
	(iii) Expenses for necessary medical and remedial care included in the plan.
	— Reasonable limits on amounts of expenses deducted from income under (b)(i) and (ii) above are listed below.
	6. Resource Standard - Categorically Needy
	a. Except as specified in item C.6.b. below, the resource standards are the same as those in the related cash assistance program.
1902(1)(3)(A), (B), and (C) of the Act, P.L. 99-509 (Section 9401(b))	b. For pregnant women and infants or children covered under the provisions of section 1902 (a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard:
	<input checked="" type="checkbox"/> Yes. Supplement 3 to ATTACHMENT 2.6-A specifies the standard, which, for pregnant women, is no more restrictive than the standard under the AB, APTD, or AABD program, and for infants and children, is no more restrictive than the standard applied in the State's approved AFDC plan.
	— No. The agency does not apply a resource standard to these individuals.
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1902(a)(10)(C) of the Act, P.L. 97-248 (Section 137)	7. Resource Standard - Medically Needy <ol style="list-style-type: none">The resource standard does not diminish by family size.Resource standard equal to the highest resource standard used in the cash assistance programs related to the covered medically needy groups.The resource standard at least equals the amount of the highest resource standard used or after January 1, 1966, to determine eligibility under the cash assistance programs related to the State's covered medically needy group or groups of individuals.
1902(m)(1)(C) and (m)(2)(B) of the Act, P.L. 99-509 (Section 9402)	<ol style="list-style-type: none">For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is: ___ Same as under OAA, AABD, and APTD. ___ Same as the medically needy resource standards, which are higher than those under OAA, AABD, and APTD (if the State covers the medically needy). Supplement 3 to <u>ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups.
1905(p)(1)(D) and (p)(2)(B) of the Act, P.L. 99-509 (Section 9403)	8. Resource Standard - Qualified Medicare Medicare Beneficiaries For qualified Medicare beneficiaries covered under section 1902(a)(10)(E) of the Act, the resource standard is: ___ Same as resource standard under OAA, AABD, and APTD.

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	<p>— Same as the resource standards for the medically needy, which are higher than the resource standards for OAA, AABD, and APTD (if the State covers the medically needy).</p> <p>Supplement 3 to <u>ATTACHMENT 2.6-A</u> specifies the resource levels for this group.</p> <p>9. Excess Resources - Categorically Needy and Medically Needy and Qualified Medicare Beneficiaries.</p> <p>Any excess resources make the individual ineligible.</p>
1902(a)(10) of the Act, P.L. 97-248 (Section 137)	<p>10. Treatment of Income and Resources - Categorically Needy and Medically Needy and Qualified Medicare Beneficiaries</p> <p>a. AFDC-related individuals--</p> <p>Caretaker Relatives</p> <p>Individuals under Age 21</p> <p>Pregnant Women</p>
1902(a)(10)(A), 1902(a)(10)(C), and 1902(m)(1)(B) and (C) of the Act, P.L. 99-509 (Sections 9402(a))	<p>Except as specified in items C.10.c. and C.10.d. below, the agency uses the same methodologies for treatment of income and resources as used in the approved AFDC State plan.</p> <p>b. Aged, Blind and Disabled Individuals, including aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--</p> <p>The agency uses the same methodologies for treatment of income and resources as used in the cash assistance programs for aged, blind, and disabled individuals respectively.</p>

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